

F. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all that apply:

- | | |
|--|---|
| <p>1. <u>P</u> General education classroom</p> <p>2. <u>P</u> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs)</p> <p>3. ___ Special education supplementary aids and services</p> <p>4. ___ Title 1 Part A/Accelerated Instruction</p> <p>5. ___ Tutorials/academic remediation</p> <p>6. ___ English as a Second Language (ESL)</p> <p>7. ___ Bilingual classes</p> | <p>8. ___ Pre-K program</p> <p>9. ___ Alternative education program</p> <p>10. ___ Assistive technology (e.g., communication devices, slant top table)</p> <p>11. <u>P</u> Resource classroom</p> <p>12. ___ Self-contained classroom</p> <p>13. ___ Separate special education campus</p> <p>14. ___ Nonpublic day school placement</p> <p>15. ___ Residential placement</p> <p>16. <u>P</u> Content Mastery</p> <p>17. ___ Other: _____</p> |
|--|---|

Item	Results of Efforts	If efforts not successful, provide reason(s)
<u>1</u>	<u>Works Great</u>	
<u>2</u>	<u>Successful with medication</u>	
<u>3</u>	<u>Successfully mainstreamed</u>	
<u>16</u>	<u>Mainstreamed</u>	

G. CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

1. Complete either a or b:

- a. ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-6.
- b. ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete (3) and either (1) or (2) below:

(1) Removal from General Education Classroom

- ☐ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☒ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.
- ☐ The student needs the following support services to benefit from the general education program: _____
- ☐ Other: _____

(2) Removal from General Education Campus (to a Separate Campus) **N/A**

- ☐ Services and/or therapies in the student's IEP cannot be provided on the general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus. _____

(3) Opportunity to Participate

In removing this student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? ☒ Yes ☐ No

If NO, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|---|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | |

If any of the above items are checked, explain why this student is unable to participate: _____

2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing this student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student with disabilities or on the quality of services which the student with disabilities needs. Also check the potential harmful effects on the student without disabilities if the student with disabilities is placed in the general education classroom or campus.

**HARMFUL EFFECTS
ON STUDENT WITH DISABILITY**

- ☐ Decreased access to specialized services (e.g., materials, personnel, curricular modifications)
- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distractions
- ☐ Increased student frustration
- ☐ Stigmatization
- ☐ Isolation from peers
- ☒ None anticipated
- ☐ Other _____
- ☐ Other _____

**HARMFUL EFFECTS
ON STUDENTS WITHOUT DISABILITIES**

- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distraction
- ☐ Increased student frustration
- ☒ None anticipated
- ☐ Other _____
- ☐ Other _____

<u>Ramirez</u>		<u>John</u>		<u>H</u>	<u>06/29/84</u>	
STUDENT LAST NAME		FIRST		MI	DATE OF BIRTH	

N. SCHEDULE OF SERVICES											
Duration of service is <u>8-14-96</u> to <u>5-22-97</u> for grade <u>7</u>											
COURSE/CURRICULUM AREA	Funct. Grade Level	SEMESTER					SEMESTER				
		GEN ED		Special Ed Time	Progr./Grade Determined By	GEN ED		Special Ed Time	Progr./Grade Determined By		
		Mod	Yes No Time			Mod	Yes No Time				
<u>Language Arts</u>	<u>6.4</u>	<input checked="" type="checkbox"/>		<u>90</u>	<input checked="" type="checkbox"/>						
<u>Math</u>	<u>6.1</u>	<input checked="" type="checkbox"/>		<u>90</u>	<input checked="" type="checkbox"/>						
<u>Science/History</u>		<input checked="" type="checkbox"/>		<u>15</u>	<input checked="" type="checkbox"/>						
<u>PE/Enrichment</u>		<input checked="" type="checkbox"/>		<u>15</u>	<input checked="" type="checkbox"/>						
<u>Fine Arts</u>		<input checked="" type="checkbox"/>		<u>90</u>	<input checked="" type="checkbox"/>						
Vocational Education REG CVAE VEN		Expressive Mathematics		Content Mathematics		at least 30 min. per day		<u>Same</u>			
VAC											
TOTAL MINUTES PER DAY				<u>30 min.</u>							

If times vary from requirements in 19 TAC 521.101, give justification:
Modified Block Schedule

Monitoring/Coordination
 Monitoring of progress in general education: daily ☐ weekly ☒ 3 wks ☐ 6 wks ☐ Other ☐
 Coordination of General/Special Education Instruction:
 Person(s) responsible Para ☒ Special Ed Teacher ☒ Counselor ☒ Other Reg. Ed. Teacher
 Method(s) ☒ Report Cards ☒ Progress Reports ☒ Conferences ☐ Other ☐
 Schedule for evaluating progress for participation in extracurricular activities: 3 weeks ☐ 6 weeks ☐

RELATED/OTHER SERVICES	TIME	D*	C*	M*	Criterion referenced assessment (TAAS/ITBS): <input checked="" type="checkbox"/> will take mathematics <input checked="" type="checkbox"/> will take writing <input checked="" type="checkbox"/> will take social studies <input checked="" type="checkbox"/> will take science Modifications as defined in test administration materials: <input checked="" type="checkbox"/> Allow oral response <input checked="" type="checkbox"/> use interpreter <input checked="" type="checkbox"/> Other: <u>small group admin.</u>
Auditory Hdcp Services					
Counseling					
Health Services					
Music Therapy					
Occupational Therapy					
Orientation & Mobility					
Physical Therapy					
Speech Services					
Vision Services					

[] ☒ Special Transportation
 Yes ☐ No ☒
 If yes, cite justification: not eligible

EYS: ☐ Yes ☐ No If yes, see attached supplement.
 OT ☐ PT ☐ SP ☐ IH

[] ☒ Parents of students with visual or auditory impairments or deaf/blindness have been given information about the Texas School for the Blind and Visually Impaired or Texas School for the Deaf at the time of initial placement.

Comments: Science/History will be taught every other 3 wks. PE/Enrichment taught every other day

Date By: D. Yewins

ID# <u>96065114</u>	Inst. Arr. Code <u>03</u>	Prog. Type <u>1</u>	Dis. Code	Date
ARD Date <u>3-12-96</u>	Type <u>12</u>	Home Sch # <u>046</u>	Placement Sch # <u>046</u>	Disability Code(s) <u>OHI</u>

*D-Direct C-Consult M-Monitor

I. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Cunningham
NAME OF SCHOOL CAMPUS

Check appropriate instructional Arrangement¹
(PEIMS CODE)

- | | |
|--|--|
| <input type="checkbox"/> Speech Therapy (11) | <input type="checkbox"/> S/C, Mid/Moderate, Reg. Campus (04) |
| <input type="checkbox"/> Homebound (01) | <input type="checkbox"/> S/C, Severe Reg. Campus (05) |
| <input type="checkbox"/> Hospital Class (02) | <input type="checkbox"/> Off Home Campus (20) |
| <input checked="" type="checkbox"/> Resource Room (03) | <input type="checkbox"/> VAC (08) |
| <input type="checkbox"/> State School For | <input type="checkbox"/> Residential Care & |
| <input type="checkbox"/> The Mentally | <input type="checkbox"/> Treatment Facility (35) |
| <input type="checkbox"/> Retarded (30) | <input type="checkbox"/> Mainstream (40) |

☒ yes ☐ no This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ yes ☐ no This is the campus which is as close as possible to the student's home. If NO, justify:

J. ASSURANCES

1. The ARD committee assures that the decision to provide special education services:

☒ is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

Basis for assurance:

- ☒ review of parent/student information
☐ review of sociological assessment

2. ☒ for national origin minority group student or linguistically different student, is not based on criteria which were developed solely on command of the English language.

Basis for assurance:

- ☐ assessment conducted in both native language and English
☐ adaptations in testing procedures (e.g., formal and informal measures)
☐ use of interpreter
☒ review of parent/student information
☐ review of language assessment (including proficiency and dominance in both English and native language)
☐ This student is not a national origin minority group student or a linguistically different student.

The ARD Committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

The committee assures that all instructional and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents, as part of the general education program, may be charged (i.e., art or laboratory fees).

NOTE: INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

- ☐ Visually/Auditorially Handicapped
☐ Regional Day School for the Deaf
☐ Day/Residential Placement and
☐ On-Site Visit Report
☐ Graduation

- ☐ Extended Year Services
☐ Behavior Management Plan
☐ Health Care Plan
☐ Medically Fragile
☐ Vocational

- ☐ Autistic
☒ Minutes Page
☐ Notice of Refusal
☐ Transition Services
☐ Other

¹Enter instructional arrangement that meets requirements listed in the Student Attendance Accounting Handbook.

ARD MINUTES

Student's Name: John Ramirez D.O.B. 06/29/84 Date: 3-12-96 Recorder: D. Nunez

ARD Committee Members: See Signature Page

Meets criteria as Other Health Impaired
due to Attention Deficit Hyperactive Disorder

Behavioral: Without medication, he's very hyperactive + finds
it difficult to stay focused. He does better with medication.

His handicapping condition affects all areas at school

Physical: Ms. Alejandro is waiting on Medicaid vouchers for medication.

Recommendations: Maybe work on a ~~contract~~ with 96-97 teachers
behavior contract

Modifications: made to improve his behavior. To learn to
manage his behavior. Monitor closely.

I. E. P.: Content Mastery I. E. P. was developed

Assessment: 1-9-95

Assistive Tech: none

TAAS: Take all areas in a small group

Placement: Cunningham 7th Gr. for 96-97 yr.

Parent Concern: Ms. Alejandro would like to take proper steps to keep John
here at Wynn Seale for the rest of the school year because
she has moved into Cunningham district. She will talk
to Mr. Peltz about staying for the rest of this school year.
She's also worried that he just took his last medication pill,
today.

All members were in agreement with I. E. P. developed for
John Ramirez,

K. SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE MEMBERS	SP. ED.	POSITION	AGREE	DISAGREE
<i>X. [Signature]</i>		Parent(s)/Adult Student	<input checked="" type="checkbox"/>	
<i>[Signature]</i>		Administration	<input checked="" type="checkbox"/>	
<i>M. Diane [Signature]</i>	<input checked="" type="checkbox"/>	Instruction	<input checked="" type="checkbox"/>	
		Instruction/Speech		
		Assessment ¹		
OTHER PARTICIPANTS				
		Representative of LPAC ²		
		Consultant/Chairperson		
		Vocational		
		Visual/Auditory		
		Counselor		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____.

Date

Place and Time

Information explaining why mutual agreement has not been reached should be noted in the ARD minutes may be attached by the ARD meeting participants.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to Mrs. Ramirez-Alejandro by D. Trevino on 3-12-96. If you have questions regarding these safeguards, please feel free to call 994-3500.

¹ Assessment personnel are required when assessment issues are included in the ARD Committee's deliberations.

² LPAC representative is required at ARD of any student who is limited English proficient.

³ Include documentation concerning the reconvened ARD committee meeting.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, TexasRECEIPT FOR EXPLANATION OF PROCEDURAL SAFEGUARDS
as Required by Individuals with Disabilities Education Act (IDEA) 34 Code of Federal Regulations-Part 300

Ramirez	John	H	06/29/84
STUDENT: LAST NAME	FIRST	MI	DATE OF BIRTH

Complete this section at the time of referral.

This is to verify that I have received a copy of the *Explanation of Procedural Safeguards* which informs me of my rights throughout the child/student-centered education process. The procedural safeguards have been explained to me by:

M. Diane Trevino
Name of District EmployeeDean of Special Ed.
Position3-12-96
Date

I understand that my rights include the right:

- To receive this and all other notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in braille as appropriate.
- To answers from school personnel to additional questions I may have.

My signature below indicates that I received a copy of the *Explanation of Procedural Safeguards* on the date specified and that I understand its contents.

Guadalupe Alvarado
(Signature of Parent/Guardian/Surrogate Parent/Adult Student)3-12-96
(Date Signed)M. Diane Trevino
(Signature of School Staff Providing Explanation)3-12-96
(Date Signed)

(Signature of School Staff Providing Explanation)

(Signature of Interpreter (if used))

AND RETURN TO YOUR CHILD'S SCHOOL

If you have any questions, please feel free to call the contact person below:

Mr. J. Ramirez
SCHOOL CONTACT PERSON

Sp. Ed. Dean
POSITION

886 9359 E.V.4
TELEPHONE

Please check appropriate statement(s) below:

Re: John Ramirez
Student

- ☒ I will attend the meeting as scheduled.
- ☐ I would like to attend the meeting, but cannot do so at the time suggested; please contact me at _____ to reschedule.
- ☐ I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.
- ☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at _____ at the scheduled meeting time.
- ☐ I waive the required five school day waiting period between Notice of the ARD Committee Meeting and the ARD Committee Meeting.

Comments

* [Signature]
Signature of Parent, Guardian, Surrogate Parent, or Adult Student

3-12-96
Date

Signature of Interpreter, if used

Date

Note: This form is not to be used for
Initial ARD
Annual Review
Shortened Day
AE/BI Placement
Reevaluation
Removal/Expulsion
Other District Transfer

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

ARD/IEP SPECIAL REVIEW

Purpose of ARD:
Course Change ☒
EYS (Only) ☐
Failure ☐
PLC ☐

9-25-96

Date of ARD Notification

10-2-96

Date of Meeting

Student: Pamiriz (Last) John (First) (MI) DOB 06-29-84 ID# 9665114

Handicapping Condition (1) OHI (2) _____ Grade 07 School Cunningham # 046

The ARD committee is meeting to modify the ARD committee report dated 3-12-96 and assures that the deliberations of that meeting have been reviewed.

REASON FOR MEETING: Schedule Change

Signature of interpreter if used: _____

ASSESSMENT REPORT(S) FOR RELATED SERVICES: _____

DEVELOPMENT OF THE IEP

- ☐ Present competencies are unchanged.
☐ Present competencies have changed as follows:

ARD committee recommends that the student's IEP should remain unchanged except for the following:

DROP			ADD			NEW SCHEDULE		
COURSE/SERVICE	TIME		COURSE/SERVICE	TIME		COURSE	TIME	
	REG.	MOD (M)		REG.	MOD (M)		REG.	MOD (M)
Science/History	45	✓	Science	45	✓	Long Arts	90	
Fine Arts	90	✓	History	45	✓	Math	90	
			Fine Arts	45	✓	Algebra	45	+30
						Geometry	45	per
						PE	45	week
						Fine Arts	45	per
TOTAL COURSE	135	✓	TOTAL COURSE	135	✓			
						TOTAL	360	

*Indicate weekly or other contact time for related/other services

New IEPs have been developed for the courses/services added above (attached).
New modifications have been developed for the courses added above (attached).
A Behavior Management Plan has been developed (attached).

Other ARD committee recommendations: _____

Address time changes in speech and related services here.

The ARD committee has determined that the student's placement will be:

School Cunningham

Instructional Arrangement 03 Resource

[X] This placement continues to be in the least restrictive environment (LRE) appropriate for this student as stated in his/her previous ARD committee report.

[] This placement is in a more restrictive environment than that assigned in the ARD committee report noted above. An LRE supplement form has been completed (attached).

Circle One: AAS/BS

<input checked="" type="checkbox"/> Mathematics	Take <input type="checkbox"/>	Exempt <input type="checkbox"/>	Modifications:
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> use an interpreter
<input checked="" type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> allow oral response
<input type="checkbox"/> All areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> administer individually
			<input type="checkbox"/> use Braille or larger print

small group

UPDATED TIME	POSITION	SP. ED.	SIGNATURE	AGREE	DISAGREE
Regular education <u>360</u>	Parent/Guardian/Surrogate				
Special education	Parent/Adult Student				
Related/Other Services:	Administration		<u>Did not attend</u>		
Speech	Instruction	<input checked="" type="checkbox"/>	<u>Shelley Jones</u>	<input checked="" type="checkbox"/>	
OT	Instruction (SPEECH)		<u>Cathy Dehnert</u>	<input checked="" type="checkbox"/>	
PT	Consultant/Chairperson	<input checked="" type="checkbox"/>	<u>Kary Jackson</u>	<input checked="" type="checkbox"/>	
Counselor	Assessment				
Health	Counselor		<u>Nita Turner - Boyce</u>	<input checked="" type="checkbox"/>	
Auditory	Related Services Rep.				
Vision	Vocational Teacher				
Music Th.	Certified VH/AH Specialist				
O&M	LPAC				
Special Education Transportation: <u>(M)</u>					

+ Total time for speech and all related services

+ When student is identified as VH/AH

▲ When assessment data are considered

★ For limited English proficient students

◆ When vocational programs are considered

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed. Information explaining why mutual agreement has not been reached should be noted in the ARD minutes and may be attached by the ARD meeting participants.

[X] The committee mutually agreed to implement the program reflected in these proceedings. OR:

[] The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives and/or gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on

Place and Time

Date

four rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to Mrs. Ramsey by Cathy Dehnert on 6-25-99. If you have questions regarding these safeguards, please feel free to call 994-3500.

COMPUTER DATA BY Cathy Dehnert

UPDATED DATA

RD.003.07-05

New School Placement <u>046</u>	Previous IA Code <u>03</u>	New IA Code <u>03</u>	New Program Type <u>CR</u>
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6/95
ARD-3

INSTRUCTIONAL MODIFICATIONS/SUPPORT DETERMINED BY ARD COMMITTEE, continued

Ramirez John

NAME OF STUDENT

9605114

ID NUMBER

SCHOOL YEAR

96-97

ARD

10-2-96

GOAL & OBJECTIVE/SUBJECT

<u>Language</u>	<u>Math</u>	<u>Science</u>	<u>History</u>	<u>Language Arts</u>	<u>PE</u>
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ADAPT MATERIALS BY PROVIDING:

Peer-to-read materials									
Highlighted materials for emphasis									
Altered format of materials									
Study aids/manipulatives									
ESL materials									
Large print materials									
Braille materials									
Color transparencies									
Other:									
Other:									

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	✓	✓	✓	✓	✓	✓			
Frequent reminders of rules	✓	✓	✓	✓	✓	✓			
Positive reinforcement	✓	✓	✓	✓	✓	✓			
Frequent eye contact/proximity control	✓	✓	✓	✓	✓	✓			
Frequent breaks									
Private discussion regarding behavior	✓	✓	✓	✓	✓	✓			
In-class timeout	✓	✓	✓	✓	✓	✓			
Opportunity to help teacher									
Seat near the teacher									
Supervision during transition activities									
Implementation of behavior contract									
Other:									

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY:

Access to equipment									
Augmentative communication device									
Calculators									
Interpreter									
Note taker/note taking paper									
Word processors									
Other:									
Other:									

Criterion referenced assessment (TAAS/TBS):

☒ will take mathematics

☐ will take writing

☒ will take reading

☐ not offered for this student's

grade placement

☐ exempt in all areas

☐ will take science

☐ will take social studies

Modifications as defined in test administration materials:

☐ allow oral response

☐ use interpreter

☐ use braille or large print

☐ individual administration

Other:

Small group administration

³Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

DATE SENT/MAILED

9-25-96

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
CORPUS CHRISTI, TEXAS
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT

John Ramirez

SCHOOL

Cunningham

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss educational programming for your child. We encourage you to attend this meeting, as your involvement is an important part of your child's education.

DATE

10-2-96

TIME

11:00

PLACE

Cunningham

ROOM

office

Check (X) all appropriate spaces:

The Purpose of this meeting is to:

- ☐ Discuss, at your request, any educational or related service not proposed below
- ☐ Initiate special education services if your child meets eligibility criteria
- ☐ Review your child's program (including results of any new evaluations)
- ☐ Review Assessment
- ☒ Other (specify)

- ☐ Develop/review the Individual Transition Plan (ITP)
- ☐ Develop and/or review the Individual Educational Plan (IEP) for your child
- ☐ Consider extended year services
- ☐ Discuss placement

This action is proposed because:

John Ramirez serve page to
Ken Caplan and school

Options considered before convening this meeting:

- ☐ Extra Time for Work Completion
- ☐ Add/Drop Related Services
- ☐ Compensatory Education
- ☐ Parent Conferences
- ☐ Change Modifications
- ☐ Increase/Decrease Special Education Time
- ☐ General Education

- ☐ Preferential Seating
- ☐ Oral Tests
- ☐ Counseling
- ☐ ISS
- ☐ Bilingual/ESL
- ☐ 504 Programs

- ☒ Behavior Management Strategies
- ☒ Modified or Shortened Assignments
- ☐ Add Vocational Classes
- ☐ Continue Current Program
- ☐ Tutoring
- ☐ Other

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (X) all appropriate boxes.

The following persons have been asked to attend the meeting:

- ☒ Parent/Guardian/Surrogate Parent/Adult Student
- ☒ Instructional Representative
- ☒ School Administrator
- ☒ Special Education Representative
- ☐ Adult Service Agency Representative
- ☐ Special Education Assessment Staff
- ☐ Other (list):
- ☐ Speech Pathologist
- ☒ Counselor
- ☐ Student
- ☐ LPAC Representative
- ☐ Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- ☐ Comprehensive Individual Assessment¹ (e.g., language, physical, emotional/behavioral, sociological intellectual, educational performance)
- ☐ School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
- ☐ Classroom Observation Reports/Teacher Reports
- ☐ Independent Evaluation Reports
- ☐ Parent Information
- ☐ Other (list):

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been sent to Mrs. Ramirez by John Ramirez on 9-25-96. If you have questions regarding these safeguards, please feel free to call 894-3600.

FOR SCHOOL USE ONLY

White Copy Parent Copy Yellow Copy: Retain to document reasonable attempts to schedule meeting at agreed time. Attach yellow copy to ARD/IEP (Initial, Annual, Special Review) form and file in eligibility folder. Reminder was sent on 9-25-96 by John Ramirez telephone call made on 10/1 by John Ramirez.

¹You were previously sent the Notice of Comprehensive Individual Assessment which described the evaluation procedures and tests which would be used to determine your child's educational needs.

DETACH HERE

AND RETURN TO YOUR CHILD'S SCHOOL

If you have any questions, please feel free to call the contact person below:

Cathy G. Smith
SCHOOL CONTACT PERSON

Jill Chapman
POSITION

878-1432 EX26
TELEPHONE

Please check appropriate statement(s) below.

Re:

John G. Smith
Student
10-2-96 11:00
Date of ARD/ITP Meeting

- ☐ I will attend the meeting as scheduled.
- ☐ I would like to attend the meeting, but cannot do so at the time suggested; please contact me at _____ to reschedule.
- ☒ I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.
- ☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at _____ at the scheduled meeting time.
- ☐ I waive the required five school day waiting period between Notice of the ARD Committee Meeting and the ARD Committee Meeting.
- ☐ I waive the required 30 day waiting period between Notice of the ITP meeting and the ITP meeting.

Comments:

Signature of Parent, Guardian, Surrogate Parent, or Adult Student

Date

Signature of Interpreter, if used

Date

All procedures and information in this document are required by law.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

() Admission
(X) Review
() Dismissal

ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

2-25-97
ARD NOTIFICATION DATE

3-5-97
DATE OF MEETING

Please Print

STUDENT LAST NAME <u>Romero</u>		FIRST <u>John</u>	MI	ID NUMBER <u>9665114</u>	(M) () F
DATE OF BIRTH <u>06/29/84</u>	SCHOOL <u>Cunningham M.S.</u>			GRADE/PROG <u>8 CM</u>	SCHOOL <u>046</u>

☐ yes ☒ no An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication _____

A. REVIEW OF ASSESSMENT DATA (check (X) if applicable)

☒ Comprehensive individual assessment 1-9-95 DATE(S) OF REPORT(S) _____

☐ Assessment(s) for related services. Specify: _____

☒ Assistive technology addressed in results assessment report(s) dated _____. Recommended: ☐ yes ☒ no (ARD 3)

☐ Vocational assessment report date _____

☐ Other Assessment _____

☐ Information from the student's Individual Transition Plan dated: _____

☐ Information from the Language Proficiency Assessment Committee _____

☐ Records from other school districts _____

☐ Information from parents/student _____

☐ Information from school personnel _____

☐ Information/records from other agencies or professionals _____

☐ yes ☒ no Additional assessment is needed. Timeline for completion _____

B. DETERMINATION OF ELIGIBILITY (check (X) if applicable).

Based on the assessment data reviewed, the ARD committee had determined that the student

☐ does not meet eligibility criteria to receive special education services.

☒ meets eligibility criteria for:

- | | | |
|--|---|---|
| <input type="checkbox"/> learning disability | <input type="checkbox"/> speech impairment | <input type="checkbox"/> emotionally disturbed |
| <input type="checkbox"/> mental retardation | <input type="checkbox"/> autism | <input checked="" type="checkbox"/> other health impairment |
| <input type="checkbox"/> orthopedic impairment | <input type="checkbox"/> traumatic brain injury | <input type="checkbox"/> multiple disabilities |
| <input type="checkbox"/> visual impairment | <input type="checkbox"/> auditory impairment | <input type="checkbox"/> deaf-blind |

C. DISABILITY/DISABILITIES

Assigned by ARD Committee Other Health Impairment
(A disability should be noted here only if special education services are to be provided. See ARD-2)

White - eligibility folder

Pink - counselor

Yellow - teacher

Goldenrod - parent copy

1/96
ARD-1

D. DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☒ yes ☐ no

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

Physical, as it affects participation in instructional settings and physical education No limitations

Medication/Health Care Ritalin 10mg AM / 10mg noon

☒ yes ☐ no

The student is capable of receiving instruction in the essential elements of physical education through the general education program without modification. Comments:

Behavioral, as it affects educational placement, programming, or discipline Disruptive, demanding of teacher's attention and off task

☐ yes ☐ no

The student is capable of following the Student code of Conduct without modification. If no, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARD BMP 1 & 2).

Prevocational/Vocational¹ skills which may be prerequisite to vocational education (when appropriate) Follows directions

Academic/Developmental (grade or age levels alone are not acceptable) Long intro summarizes a selection, recalls facts and details, writes compound sentences. (Math) solves linear equations, comprehends prime factorization and solves problems with percent decrease

Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels

Services for which the student is eligible were reviewed and discussed¹

- | | | |
|---|---|---|
| <input type="checkbox"/> Compensatory education | <input type="checkbox"/> Tutorials/academic remediation | <input type="checkbox"/> General Education |
| <input type="checkbox"/> Bilingual education | <input type="checkbox"/> Transition services ² | <input checked="" type="checkbox"/> Other: <u>CME</u> |
| <input type="checkbox"/> ESL instruction | <input type="checkbox"/> Vocational education | <input type="checkbox"/> Other: _____ |

The ARD Committee agrees that the student

- ☒ Needs and will receive special education services
☐ Does not need and will not receive special education services for the following reasons:

¹Include consideration of occupational training needs for students at or before entry into high school or by age 14.

INSERT IEP SHEETS AFTER THIS PAGE

INDICATE NUMBER OF PAGES OF EACH IEP: R 2 Sp _____ Voc _____ OT _____ PT _____ VS _____ MT _____ OM _____ HS _____ Other _____

CORPUS CHRISTI I.S.D.
STUDENT I.E.P.

APPROVED BY A.R.D. COMMITTEE: 3-12-96
not

STUDENT NAME: JOHN RAMIREZ

SCHOOL: WYNN SEALE

COURSE TITLE: MAINSTREAMED CLASSES

EVALUATOR/TEACHER: Special Education

I.E.P. DATE: 3-4-96

I.E.P. DURATION: 8-14-96 to 5-22-97

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.
2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN
THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT
FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%)
ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN
THE 'CLASS' TEXTS. ~~5-THE SCHEDULE OF EVALUATIONS WILL BE CONCURRENT~~
~~WITH SIX WEEK REPORTING PERIODS.~~ at least annually not

EVALUATION METHODS: 1-BRIGANCE, 2-C.L.A.S.S., 3-OBSERVATIONS, 4-DAILY RECORDS,
5-WORK SAMPLES, 6-OTHER (parent report).

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
----------------	-------------------------	---------------	--------------------	-----------------	------------------	---------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE
PROGRESS TOWARDS TASK COMPLETION.

PH2 HANDS IN HOMEWORK
ASSIGNMENTS ON TIME.

8/97 75% 3.56 100% 3/97

PH9 MAINTAINS PASSING GRADES
IN MAINSTREAMED CLASSES.

8/97 80% 3.6 100% 3/97

(JOHN RAMIREZ)

R-1
R-2

CORPUS CHRISTI I.S.D.
STUDENT I.E.P.APPROVED BY A.R.D. COMMITTEE: 3-5-97

STUDENT NAME: JOHN RAMIREZ

SCHOOL: CUNNINGHAM MIDDLE SCHOOL

COURSE TITLE: REGULAR MODIFIED

CONTACT TEACHER: SPECIAL ED TEACHER

I.E.P. DATE: 01-28-97 DRAFT CR

I.E.P. DURATION: 08-13-97 TO 05-21-98

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.
 2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN
 THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT
 FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%)
 ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN
 THE 'CLASS' TEXTS. 5-THE SCHEDULE OF EVALUATIONS WILL BE CONCURRENT
 WITH SIX WEEK REPORTING PERIODS. *at least annually*

EVALUATION METHODS: 1-C.L.A.S.S., 2-OBSERVATIONS, 3-DAILY RECORDS, 4-WORK
 SAMPLES, 5-OTHER *report card*

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
----------------	-------------------------	---------------	--------------------	-----------------	------------------	---------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE
 PROGRESS TOWARDS TASK COMPLETION.

PH6	REMAINS ON TASK WHEN OTHERS RECEIVE ATTENTION.	<u>8/97</u>	<u>75%</u>	<u>2</u>		
PH8	BUDGETS TIME TO COMPLETE A SEQUENCE OF TASKS.	<u>8/97</u>	<u>75%</u>	<u>2</u>		
PH9	MAINTAINS PASSING GRADES IN MAINSTREAMED CLASSES.	<u>8/97</u>	<u>80%</u>	<u>5</u>		

(JOHN RAMIREZ)

(01-28-97 DRAFT)

R-2

F. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all to that apply:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> General education classroom 2. <input checked="" type="checkbox"/> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) 3. <input type="checkbox"/> Special education supplementary aids and services 4. <input type="checkbox"/> Title 1 Part A/Accelerated Instruction 5. <input type="checkbox"/> Tutorials/academic remediation 6. <input type="checkbox"/> English as a Second Language (ESL) 7. <input type="checkbox"/> Bilingual classes | <ol style="list-style-type: none"> 8. <input type="checkbox"/> Pre-K program 9. <input type="checkbox"/> Alternative education program 10. <input type="checkbox"/> Assistive technology (e.g., communication devices, slant top table) 11. <input type="checkbox"/> Resource classroom 12. <input type="checkbox"/> Self-contained classroom 13. <input type="checkbox"/> Separate special education campus 14. <input type="checkbox"/> Nonpublic day school placement 15. <input type="checkbox"/> Residential placement 16. <input checked="" type="checkbox"/> Content Mastery 17. <input type="checkbox"/> Other: _____ |
|--|---|

Item

Results of Efforts

If efforts not successful, provide reason(s)

2. H.	Successful	

G. CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

1. Complete either a or b:

- a. ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-6.
- b. ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete (3) and either (1) or (2) below:

(1) Removal from General Education Classroom

- ☒ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☒ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.
- ☒ The student needs the following support services to benefit from the general education program: support CMC
- ☐ Other: _____

(2) Removal from General Education Campus (to a Separate Campus)

- ☐ Services and/or therapies in the student's IEP cannot be provided on the general education campus
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

(3) Opportunity to Participate

In removing this student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? ☒ Yes ☐ No

If NO, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|---|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | <input type="checkbox"/> Other: _____ |

If any of the above items are checked, explain why this student is unable to participate: _____

2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing this student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student with disabilities or on the quality of services which the student with disabilities needs. Also check the potential harmful effects on the student without disabilities if the student with disabilities is placed in the general education classroom or campus.

HARMFUL EFFECTS
ON STUDENT WITH DISABILITY

- ☐ Decreased access to specialized services (e.g., materials, personnel, curricular modifications)
- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distractions
- ☐ Increased student frustration
- ☐ Stigmatization
- ☐ Isolation from peers
- ☒ None anticipated
- ☐ Other: _____
- ☐ Other: _____

HARMFUL EFFECTS
ON STUDENTS WITHOUT DISABILITIES

- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distraction
- ☐ Increased student frustration
- ☒ None anticipated
- ☐ Other: _____
- ☐ Other: _____

<div style="display: flex; justify-content: space-between;"> Ramirez John 06/29/84 </div>																																																																																																																
<div style="display: flex; justify-content: space-between;"> STUDENT LAST NAME FIRST MI DATE OF BIRTH </div>																																																																																																																
H. SCHEDULE OF SERVICES																																																																																																																
Duration of service is <u>8-13-97</u> to <u>5-27-98</u> for grade <u>8</u>																																																																																																																
COURSE/CURRICULUM AREA	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">SEMESTER</th> <th colspan="4">SEMESTER</th> </tr> <tr> <th rowspan="2">Funct. Grade Level</th> <th colspan="2">GEN ED</th> <th rowspan="2">Special Ed Time</th> <th rowspan="2">Progr./Grade Determined By</th> <th colspan="2">GEN ED</th> <th rowspan="2">Special Ed Time</th> <th rowspan="2">Progr./Grade Determined By</th> </tr> <tr> <th>Mod</th> <th>Yes No</th> <th>Mod</th> <th>Yes No</th> </tr> </thead> <tbody> <tr> <td>Lang. Arts</td> <td>✓</td> <td></td> <td>90</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Math</td> <td>✓</td> <td></td> <td>90</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>U.S. History</td> <td>✓</td> <td></td> <td>45</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Science</td> <td>✓</td> <td></td> <td>45</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Inter Band</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CE/ICL</td> <td>✓</td> <td></td> <td>45</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vocational Education</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>REG CVAE VEN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VAC</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL MINUTES PER DAY</td> <td></td> <td></td> <td>360</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SEMESTER				SEMESTER				Funct. Grade Level	GEN ED		Special Ed Time	Progr./Grade Determined By	GEN ED		Special Ed Time	Progr./Grade Determined By	Mod	Yes No	Mod	Yes No	Lang. Arts	✓		90	✓					Math	✓		90	✓					U.S. History	✓		45	✓					Science	✓		45	✓					Inter Band	✓								CE/ICL	✓		45	✓					Vocational Education									REG CVAE VEN									VAC									TOTAL MINUTES PER DAY			360					
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If times vary from requirements in 19 TAC §21.101, give justification:																																																																																																																
Monitoring/Coordination Monitoring of progress in general education: <u>daily</u> <u>weekly</u> <u>3 wks</u> <u>6 wks</u> <u>Other</u> Coordination of General/Special Education Instruction: Person(s) responsible: <u>Para</u> <u>Special Ed Teacher</u> <u>Counselor</u> <u>Other</u> <u>Reg. Staff</u> Method(s): <u>Report Cards</u> <u>Progress Reports</u> <u>Conferences</u> <u>Other</u> Schedule for evaluating progress for participation in extracurricular activities: <u>3 weeks</u> <u>6 weeks</u>																																																																																																																
RELATED/OTHER SERVICES	TIME																																																																																																															
Auditory Hdcp Services Counseling Health Services Music Therapy Occupational Therapy Orientation & Mobility Physical Therapy Speech Services Vision Services	Criterion referenced assessment (CAAS/ITBS): <input checked="" type="checkbox"/> will take mathematics <input type="checkbox"/> will take reading <input checked="" type="checkbox"/> will take writing <input type="checkbox"/> not offered for this student's grade placement <input checked="" type="checkbox"/> will take social studies <input type="checkbox"/> exempt in all areas <input checked="" type="checkbox"/> will take science Modifications as defined in test administration materials: <input type="checkbox"/> Allow oral response <input type="checkbox"/> use braille or large print <input type="checkbox"/> use interpreter <input type="checkbox"/> individual administration <input type="checkbox"/> Other:																																																																																																															
<input type="checkbox"/> <input checked="" type="checkbox"/> Special Transportation Yes No If yes, cite justification:	EYS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see attached supplement. <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SP <input type="checkbox"/> IN																																																																																																															
<input type="checkbox"/> <input type="checkbox"/> Parents of students with visual or auditory impairments or deaf/blindness have been given information about the Texas School for the Blind and Visually Impaired or Texas School for the Deaf at the time of initial placement.	Referral Date _____ Test Date _____ Medical Date _____ DX _____ IQ Test _____ Test _____ V _____ P _____ FS _____ Ach. Test _____ Test _____ R SS _____ GE _____ RC SS _____ GE _____ WL SS _____ GE _____ Lang. Dom. _____ M SS _____ GE _____																																																																																																															
Comments: <u>CML support for reg. mod. classes</u>																																																																																																																
Data By: <u>C. DeMott</u>																																																																																																																
ID# <u>9665114</u>	Inst. Arr. Code <u>03</u>																																																																																																															
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Placement Sch # <u>046</u>	Disability Code(s) <u>0 HI</u>																																																																																																															

*D-Direct C-Consult M-Monitor

I. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Cunningham M.S.
NAME OF SCHOOL CAMPUS

Check appropriate instructional Arrangement¹
(PEIMS CODE)

- | | |
|--|---|
| <input type="checkbox"/> Speech Therapy (11) | <input type="checkbox"/> S/C, Mild/Moderate, Reg. Campus (04) |
| <input type="checkbox"/> Homebound (01) | <input type="checkbox"/> S/C, Severe Reg. Campus (05) |
| <input type="checkbox"/> Hospital Class (02) | <input type="checkbox"/> Off Home Campus (20) |
| <input checked="" type="checkbox"/> Resource Room (03) | <input type="checkbox"/> VAC (08) |
| <input type="checkbox"/> State School For | <input type="checkbox"/> Residential Care & |
| <input type="checkbox"/> The Mentally | <input type="checkbox"/> Treatment Facility (35) |
| <input type="checkbox"/> Retarded (30) | <input type="checkbox"/> Mainstream (40) |

☒ yes ☐ no This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ yes ☐ no This is the campus which is as close as possible to the student's home. If NO, justify:

J. ASSURANCES

1. The ARD committee assures that the decision to provide special education services:

- ☒ is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

Basis for assurance:

- ☒ review of parent/student information
☐ review of sociological assessment

- ☒ for national origin minority group students or linguistically different students, is not based on criteria which were developed solely on command of the English language.

Basis for assurance:

- ☐ assessment conducted in both native language and English
☐ adaptations in testing procedures (e.g., formal and informal measures)
☐ use of interpreter
☒ review of parent/student information
☐ review of language assessment (including proficiency and dominance in both English and native language)
☐ This student is not a national origin minority group student or a linguistically different student.

2. ☒ The ARD Committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).
3. ☒ The ARD committee assures that this student is unable to benefit from education with students without disabilities to any greater extent.
4. ☒ The committee assures that all instructional and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents, as part of the general education program, may be charged (i.e., art or laboratory fees).

NOTE: INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

- ☐ Visually/Auditorially Handicapped
☐ Regional Day School for the Deaf
☐ Day/Residential Placement and
On-Site Visit Report
☐ Graduation

- ☐ Extended Year Services
☐ Behavior Management Plan
☐ Health Care Plan
☐ Medically Fragile
☐ Vocational

- ☒ Autistic
☐ Minutes Page
☐ Notice of Refusal
☐ Transition Services
☐ Other

¹Enter instructional arrangement that meets requirements listed in the Student Attendance Accounting Handbook.

Page 1 of 1

ARD MINUTES

Student's Name: John Ramsey D.O.B. 6-29-84 Date: 3-5-11 Recorder: C. DeMinkARD Committee Members: See Signature pageASSESSMENT: 1-9-95
ELIGIBILITY: Other Health Impairment
COMPETENCIES: See ADD pg 2MEDICAL ISSUES: Petalin 10mg am / 10mg nomIEP: Reg ModifiedSERVICES: CML support for mod classesNAP (TAAS) ITERS: will take allMODIFICATIONS: were discussedPLACEMENTS: CunninghamCOMMENTS: no assistive technology

K. SIGNATURE OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

SIGNATURE AND TITLE MEMBERS	SP. ED.	POSITION	AGREE	DISAGREE
<i>Miscella Rong</i>		Parent(s)/Adult Student	✓	
<i>ES Barred</i>		Administration	✓	
<i>City School</i>	✓	Instruction	✓	
		Instruction/Speech		
		Assessment ¹		
OTHER PARTICIPANTS				
		Representative of LPAC ²		
		Consultant/Chairperson		
		Vocational		
		Visual/Auditory		
		Counselor		
<i>John H. Ramirez</i>		Student	✓	

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understood what was discussed.

☒ The committee mutually agreed to implement the program reflected in these proceedings. OR:

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____³

Date

Place and Time

Information explaining why mutual agreement has not been reached should be noted in the ARD minutes may be attached by the ARD meeting participants.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full EXPLANATION OF PROCEDURAL SAFEGUARDS has been given to *Maria* by *City School* on *3-5-97*. If you have questions regarding these safeguards, please feel free to call 994-3500.

¹ Assessment personnel are required when assessment issues are included in the ARD Committee's deliberations.

² LPAC representative is required at ARD of any student who is limited English proficient.

³ Include documentation concerning the reconvened ARD committee meeting.

AND RETURN TO YOUR CHILD'S SCHOOL

If you have any questions, please feel free to call the contact person below:

<p><u>Cathy Rehmet</u></p> <p>SCHOOL CONTACT PERSON</p>	<p><u>Sp. Ed. Champion</u></p> <p>POSITION</p>	<p><u>878-1432 X 33</u></p> <p>TELEPHONE</p>
---	--	--

Please check appropriate statement(s) below.

Re: John Ramsey
3/5/97 Student Date of ARD/ITP Meeting 2:30

☐ I will attend the meeting as scheduled.
☐ I would like to attend the meeting, but cannot do so at the time suggested; please contact me at _____ to reschedule.
☐ I will not be able to attend the meeting; please have it without me. I wish to be notified of the results of the meeting.
☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at _____ at the scheduled meeting time.
☐ I waive the required five school day waiting period between Notice of the ARD Committee Meeting and the ARD Committee Meeting.
☐ I waive the required 30 day waiting period between Notice of the ITP Committee meeting and the ITP Committee meeting.

Comments:

Signature of Parent, Guardian, Surrogate Parent, or Adult Student	Date
Signature of Interpreter, If used	Date

*DATE SENT/MAILED

22597

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
CORPUS CHRISTI, TEXAS
OFFICE OF SPECIAL EDUCATION

NOTICE OF THE ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

RE: STUDENT

Jalen Kanning SCHOOL Corpus Christi

INVITATION TO MEETING

We would like to invite you to attend an Admission, Review, and Dismissal (ARD) Committee meeting to discuss educational programming for your child. We encourage you to attend this meeting, as your involvement is an important part of your child's education.

DATE 3/5 TIME 2:30 PLACE Corpus Christi ROOM Office

Check (X) all appropriate spaces:

The Purpose of this meeting is to:

- ☒ Discuss, at your request, any educational or related service not proposed below
- ☐ Initiate special education services if your child meets eligibility criteria
- ☐ Review your child's program (including results of any new evaluations)
- ☐ Review Assessment
- ☐ Other (Specify) _____

- ☐ Develop/review the Individual Transition Plan (ITP)
- ☐ Develop and/or review the Individual Educational Plan (IEP) for your child
- ☐ Consider extended year services
- ☐ Discuss placement

This action is proposed because: Annual Review

Options considered before convening this meeting:

- ☐ Extra Time for Work Completion
- ☐ Add/Drop Related Services
- ☐ Compensatory Education
- ☐ Parent Conferences
- ☐ Change Modifications
- ☐ Increase/Decrease Special Education Time
- ☐ General Education

- ☐ Preferential Seating
- ☐ Oral Tests
- ☐ Counseling
- ☐ ISS
- ☐ Bilingual/ESL
- ☐ 504 Programs

- ☐ Behavior Management Strategies
- ☐ Modified or Shortened Assignments
- ☐ Add Vocational Classes
- ☐ Continuous Current Program
- ☐ Tutoring
- ☐ Other _____

The provision of any educational or related service not proposed for discussion in this notice will be discussed at your request (describe if applicable).

Check (X) all appropriate boxes.

The following persons have been asked to attend the meeting:

- ☒ Parent/Guardian/Surrogate Parent/Adult Student 22597
- ☐ Instructional Representative
- ☐ School Administrator
- ☐ Special Education Representative
- ☐ Adult Service Agency Representative
- ☐ Special Education Assessment Staff
- ☐ Other (list): _____

- ☐ Speech Pathologist
- ☐ Counselor
- ☐ Student
- ☐ LPAC Representative
- ☐ Vocational Representative

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- ☒ Comprehensive Individual Assessment (e.g., language, physical, emotional/behavioral, sociological/intellectual, educational performance)
- ☐ School Permanent Records (e.g., grades, attendance reports, teachers' observations, achievement test scores, discipline reports)
- ☐ Classroom Observation Reports/Teacher Reports
- ☐ Independent Evaluation Reports
- ☐ Parent Information
- ☐ Other (list): _____

Other factors relevant to this ARD committee meeting (describe if applicable):

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child. A full explanation of PROCEDURAL SAFEGUARDS has been sent to 22597 by Jalen Kanning on 2/25/13. If you have questions regarding these safeguards, please feel free to call 994-3500.

FOR SCHOOL USE ONLY

All procedures and information in this document are required by law.

CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT
Corpus Christi, Texas

ADMISSION, REVIEW AND DISMISSAL (ARD) COMMITTEE MEETING

Admission
Review
Dismissal

4/8/98
ARD NOTIFICATION DATE

5/18/98
DATE OF MEETING

Please Print

<u>Ramirez</u>	<u>John</u>	<u>454-71-3620</u>	<u>9665114</u>	<u>(M)</u>	<u>F</u>
STUDENT LAST NAME		FIRST		MI	ID NUMBER
<u>6/29/84</u>	<u>Cunningham Middle School</u>	<u>08</u>	<u>046</u>		
DATE OF BIRTH		SCHOOL		GRADE/PROG	SCHOOL

☐ ☒ An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication none

A. REVIEW OF ASSESSMENT DATA (check ☒) if applicable)

☒ Comprehensive individual assessment 1/15/98
DATE(S) OF REPORT(S)

☐ Assessment(s) for related services. Specify: _____

☒ Assistive technology addressed in review assessment report(s) dated 1/98. Recommended: ☐ yes ☒ no (ARD 3)

☐ Vocational assessment report date _____

☐ Other Assessment 96-97 TAAS 87 (rdg) 86 (math)

☒ Information from the student's Individual Transition Plan dated: developed Trans Plan 5/18/98

☐ Information from the Language Proficiency Assessment Committee _____

☐ Records from other school districts _____

☐ Information from parents/student _____

☒ Information from school personnel teacher progress reports

☐ Information/records from other agencies or professionals _____

☐ yes ☒ no Additional assessment is needed. Timeline for completion _____

B. DETERMINATION OF ELIGIBILITY (check ☒) if applicable)

Based on the assessment data reviewed, the ARD committee had determined that the student

☐ does not meet eligibility criteria to receive special education services.

☒ meets eligibility criteria for.

☒ learning disability

☐ mental retardation

☐ orthopedic impairment

☐ visual impairment

☐ speech impairment

☐ autism

☐ traumatic brain injury

☐ auditory impairment

☐ emotionally disturbed

☒ other health impairment

☐ multiple disabilities

☐ deaf-blind

C. DISABILITY/DISABILITIES

Assigned by ARD Committee

(A disability should be noted here only if special education services are to be provided. See ARD-2)

Learning Disability / Other Health Impairment

White - eligibility folder

Pink - counselor

Yellow - teacher

Goldenrod - parent copy

1/96
ARD-1

D DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☒ yes ☐ no

The ARD committee reviewed student achievement on each current IEP. (Applicable to all but initial ARD meetings.)

Present Competencies:

Physical, as it affects participation in instructional settings and physical education

Very
distractible, excessive talking to
self and peers

Medication/Health Care

☒ yes ☐ no

The student is capable of receiving instruction in the essential elements of physical education through the general education program without modification. Comments:

Behavioral, as it affects educational placement, programming, or discipline

Can benefit
from redirection, works best independently

☒ yes ☐ no

The student is capable of following the Student code of Conduct without modification. If no, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARD BMP 1 & 2).

Prevocational/Vocational¹ skills which may be prerequisite to vocational education (when appropriate)

follows
oral and written 2-step directions, works
well with supervision, takes pride in his work

Academic/Developmental (grade or age levels alone are not acceptable)

reads and employs all
basic comp. skills on grade level, good vocab.
development, writes multi-paragraph essays,
performs algebraic operations

Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels

able to be successful with cmt and
modification

Services for which the student is eligible were reviewed and discussed¹

- ☐ Compensatory education
☐ Bilingual education
☐ ESL instruction

- ☐ Tutorials/academic remediation
☐ Transition services²
☒ Vocational education

- ☒ General Education
☐ other:

other: special education

The ARD Committee agrees that the student

☒ Needs and will receive special education services

☐ Does not need and will not receive special education services for the following reasons:

¹Include consideration of occupational training needs for students at or before entry into high school or by age 14.

INSERT IEP SHEETS AFTER THIS PAGE

INDICATE NUMBER OF PAGES OF EACH IEP: R 2 Sp ___ Voc ___ OT ___ PT ___ VS ___ MT ___ OM ___ HS ___ Other ___

CAMPUS CHRISTI I.S.D.
STUDENT I.E.P.

APPROVED BY A.P.D. COMMITTEE: 3-5-97

STUDENT NAME: JOHN RAMIREZ

SCHOOL: CUNNINGHAM MIDDLE SCHOOL

COURSE TITLE: REGULAR MODIFIED

CONTACT TEACHER: SPECIAL ED TEACHER

I.E.P. DATE: 01-28-97 DRAFT

I.E.P. DURATION: 08-13-97 TO 05-21-98

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED. 2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%) ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN THE 'CLASS' TEXTS. 5-THE SCHEDULE OF EVALUATIONS WILL BE CONCURRENT WITH SIX WEEK REPORTING PERIODS. *at least annually*

EVALUATION METHODS: 1-C.L.A.S.S., 2-OBSERVATIONS, 3-DAILY RECORDS, 4-WORK SAMPLES, 5-OTHER *report card*

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
-------------	----------------------	------------	-----------------	--------------	---------------	------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE PROGRESS TOWARDS TASK COMPLETION.

PH6	REMAINS ON TASK WHEN OTHERS RECEIVE ATTENTION.	8/97	75%	2	75%	5/98
PH3	BUDGETS TIME TO COMPLETE A SEQUENCE OF TASKS.	8/97	75%	2	80%	5/98
PH9	MAINTAINS PASSING GRADES IN MAINSTREAMED CLASSES.	8/97	80%	5	100%	5/98

(JOHN RAMIREZ)

(01-28-97 DRAFT)

R-1
R-2

CORPUS CHRISTI I.S.D.
STUDENT I.E.P.

APPROVED BY A.R.D. COMMITTEE: SW 5/18/98

STUDENT NAME: John Ramirez SCHOOL: MOODY HIGH SCHOOL
COURSE TITLE: MAINSTREAM CLASS CONTACT TEACHER: SPECIAL EDUCATION
I.E.P. DATE: X DRAFT 2/25/98 I.E.P. DURATION: 08/17/98 - 05/27/99

CONSIDERATIONS: 1-NO ENTRIES WILL BE MADE FOR OBJECTIVES UNTIL STARTED.
2-ANTICIPATED LEVELS OF MASTERY FOR OBJECTIVES WILL BE INDICATED IN
THE COLUMN LABELED 'ANT.(%) MASTERY'. 3-FINAL LEVELS OF ACHIEVEMENT
FOR OBJECTIVES WILL BE INDICATED IN THE COLUMN LABELED 'FINAL (%)
ACH.'. 4-OBJECTIVES ARE STATED IN MORE SPECIFIC BEHAVIORAL TERMS IN
THE 'CLASS' TEXTS. 5-THE SCHEDULE OF EVALUATIONS WILL BE ~~MINIMUM~~
~~WITH SIX WEEK REPORTING PERIODS.~~ At least annually

EVALUATION METHODS: 1-C.L.A.S.S., 2-OBSERVATIONS, 3-DAILY RECORDS, 4-WORK
SAMPLES, 5-OTHER (report cards)

CLASS CODES	GOALS AND OBJECTIVES	START DATE	ANT.(%) MASTERY	EVAL. METHOD	FINAL (%)ACH.	COMP. DATE
----------------	-------------------------	---------------	--------------------	-----------------	------------------	---------------

ANNUAL GOAL:

THE STUDENT WILL DEMONSTRATE MEASURABLE
PROGRESS TOWARDS TASK COMPLETION.

PH9 MAINTAINS PASSING GRADES 8/26 95 5
IN MAINSTREAMED CLASSES.

()

(DRAFT 2/25/98)

R-2

E. INSTRUCTIONAL MODIFICATION SUPPORTS DETERMINED BY ARD COMMITTEE

NAME OF STUDENT Ramirez, John

ID NUMBER 9665114

SCHOOL YEAR 98 99

The ARD committee has determined that the following modifications are necessary for the student to succeed.

SPECIAL LANGUAGE PROGRAMS:
☐ Bilingual ☐ ESL

BEHAVIOR MANAGEMENT PLAN
☐ YES ☒ NO

REGULAR DISCIPLINE PLAN
☒ YES ☐ NO

ASSISTIVE TECHNOLOGY
☐ YES ☒ NO

GOAL & OBJECTIVE/SUBJECT

☐ NO MODIFICATIONS NEEDED

ADDRESS ACADEMIC STANDARDS:

Modifications of requisite skills and knowledge for academic performance standards	Reading	Eng	Math	Science	History	Art	PE
Exempt from Academic Standards/Essential Elements - grades based upon IEP progress	✓	✓	✓	✓			

ALTER ASSIGNMENTS BY PROVIDING:

Reduced assignments	✓	✓	✓	✓	✓	SL	
Taped assignments							
Extra time for completing assignments							
Opportunity to respond orally							
Task analysis of assignments							
Special projects in lieu of assignments							
Other (see IEP for appropriate level of Academic Standards)							

ADAPT INSTRUCTION BY PROVIDING:

Short instructions (1 or 2 steps)							
Opportunity to repeat and explain instructions							
Encouragement to verbalize steps needed to complete assignment/task	✓	✓	✓	✓	✓		
Opportunity to write instructions							
Assignment notebooks							
Visual aids (pictures, flash cards, etc.)							
Auditory aids (cass., tapes, etc.)							
Instructional aids <u>Calculator</u>			✓		✓		
Extra time for oral response							
Exams of reduced length	✓	✓	✓	✓	✓		
Oral exams							
Open book exams							
Study carrel for independent work							
Frequent feedback	✓	✓	✓	✓	✓		
Alter grade distribution (if District scoring guidelines are not appropriate)							
Minimal auditory distractions							
Leave class for CMC assistance	✓	✓	✓	✓	✓		
Peer tutoring/paired working arrangement							
Opportunity for student to dictate themes, information, answers on tape or to others							
Other							
<input type="checkbox"/> Use repeated drill/review <input type="checkbox"/> Use sign language <input type="checkbox"/> Use various modalities <input type="checkbox"/> Adjustments for misarticulations in responses							

*Special language programs are required for all students who are limited English proficient.

E. INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE, continued

NAME OF STUDENT Ramirez, John
ID NUMBER 96514 SCHOOL YEAR 98 . 99

ADAPT MATERIALS BY PROVIDING:

[illegible]

MANAGE BEHAVIOR BY PROVIDING:

Clearly defined limits	✓	✓	✓	✓	✓
Frequent reminders of rules	✓	✓	✓	✓	✓
Positive reinforcement	✓	✓	✓	✓	✓
Frequent eye contact/proximity control					
Frequent breaks					
Private discussion regarding behavior	✓	✓	✓	✓	✓
In-class timeout					
Opportunity to help teacher					
Seat near the teacher					
Supervision during transition activities					
Implementation of behavior contract					
Other:					

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY:

Access to equipment
Augmentative communication device
Calculators
Interpreter
Note taker/note taking paper
Word processors
Other:
Other:

not needed

Criterion referenced assessment (TAAS/TBSI):

_____ will take mathematics
 _____ will take reading **95-99** _____ exempt in all areas
 _____ will take writing **+** not offered for this student's _____ will take science
 _____ grade placement _____ will take social studies:

Modifications as defined in test administration materials:

allow oral response use interpreter use braille or large print individual administration Other;

¹Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternate measures of accountability.

F. SERVICE ALTERNATIVES

Identify special education alternatives and supplementary aids and services provided, tried, or considered. Place the key letter (p, t, c) in the space next to all that apply:

- | | |
|---|--|
| 1. <u>C</u> General education classroom | 8. <u> </u> Pre-K program |
| 2. <u>P</u> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) | 9. <u> </u> Alternative education program |
| 3. <u> </u> Special education supplementary aids and services | 10. <u>C</u> Assistive technology (e.g., communication devices, slant top table) |
| 4. <u> </u> Title 1 Part A/Accelerated Instruction | 11. <u>C</u> Resource classroom |
| 5. <u>P</u> Tutorials/academic remediation | 12. <u> </u> Self-contained classroom |
| 6. <u> </u> English as a Second Language (ESL) | 13. <u> </u> Separate special education campus |
| 7. <u> </u> Bilingual classes | 14. <u> </u> Nonpublic day school placement |
| | 15. <u> </u> Residential placement |
| | 16. <u>P</u> Content Mastery |
| | 17. <u> </u> Other: <u> </u> |

Item	Results of Efforts	If efforts not successful, provide reason(s)
1	needs cmc support	for continued progress
2, 5, 16	successful	
10, 11	not needed at	this time

G. CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

1. Complete either a or b:

- a. ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in the general education setting. Go to Consideration of Harmful Effects, ARD-6.
- b. ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part or all of instruction and services in a special education instructional setting. Complete (3) and either (1) or (2) below:

(1) Removal from General Education Classroom

- ☐ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☐ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.

☒ The student needs the following support services to benefit from the general education program: Content mastery

☐ Other:

(2) Removal from General Education Campus (to a Separate Campus)

NA

- ☐ Services and/or therapies in the student's IEP cannot be provided on the general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

(3) Opportunity to Participate

In removing this student from the general education classroom or general education campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities? ☒ Yes ☐ No

If no, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|---|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | |

If any of the above items are checked, explain why this student is unable to participate: _____

2. Consideration of Potential Harmful Effects (Complete this section for all students.)

In removing this student from the general education classroom or general education campus, place a check to indicate below the potential harmful effects on the student with disabilities or on the quality of services which the student with disabilities needs. Also check the potential harmful effects on the student without disabilities if the student with disabilities is not placed in the general education classroom or campus.

HARMFUL EFFECTS
ON STUDENT WITH DISABILITY

- ☐ Decreased access to specialized services (e.g., materials, personnel, curricular modifications)
- ☐ Decreased student self-esteem
- ☐ Increased safety concerns
- ☐ Increased distractions
- ☐ Increased student frustration
- ☐ Stigmatization
- ☐ Isolation from peers
- ☒ None anticipated
- ☐ Other _____
- ☐ Other _____

HARMFUL EFFECTS
ON STUDENTS WITHOUT DISABILITIES

- ☒ None anticipated
- ☐ Decreased contact with students with disabilities
- ☐ Other _____
- ☐ Other _____

E 16
D20
B09
M36
T20
P13
W26

STUDENT LAST NAME		FIRST		MI		DATE OF BIRTH										
Ramirez		John				6/29/84										
N. SCHEDULE OF SERVICES																
Duration of service is 08/17/98 to 05/27/99 for grade 9																
COURSE/CURRICULUM AREA	Funct. Grade Level	SEMESTER 1				SEMESTER 2										
		GEN ED		Special Ed Time	Progr./Grade Determined By	GEN ED		Special Ed Time	Progr./Grade Determined By							
		Mod	Yes			No	Time			Mod	Yes	No	Time			
English I	8.5	✓		55	✓	✓		55	✓	✓		55	✓	✓		55
Reading	8.5	✓		55	✓	✓		55	✓	✓		55	✓	✓		55
Keyboarding																
Geometry	8.5	✓		55	✓	✓		55	✓	✓		55	✓	✓		55
US History		✓		55	✓	✓		55	✓	✓		55	✓	✓		55
PE		✓		55	✓	✓		55	✓	✓		55	✓	✓		55
Intro P. Metals		✓		55	✓	✓		55	✓	✓		55	✓	✓		55
Vocational Education																
REG _CVAE _VEN																
VAC																
TOTAL MINUTES PER DAY		330				330				330						
If times vary from requirements in 19 TAC §21.101, give justification: No change																
Monitoring/Coordination																
Monitoring of progress in general education: daily weekly 13 wks 6 wks Other																
Coordination of General/Special Education Instruction: Person(s) responsible Para Special Ed Teacher Counselor Other general ed teacher																
Method(s) Report Cards Progress Reports Conferences Other																
Schedule for evaluating progress for participation in extracurricular activities: 3 weeks 9 weeks																
RELATED/OTHER SERVICES		TIME	D*	C*	M*	Criterion referenced assessment (TAAS/TBES):										
Auditory Hdoc Services						will take mathematics										
Counseling						will take writing										
Health Services						will take social studies										
Music Therapy						will take science										
Occupational Therapy						Modification as defined in test administration materials:										
Orientation & Mobility						Allow oral response										
Physical Therapy						use interpreter										
Speech Services						Other:										
Vision Services																
[] Special Transportation		EYS: D Yes No If yes, see attached supplement.				Referral Date										
Yes No		OF PT SP IM				Test Date										
If yes, cite justification:		does not qualify				Medical Date DX										
[] Parents of students with visual or auditory impairments or deaf/blindness have been given information about the Texas School for the Blind and Visually impaired or Texas School for the Deaf at the time of initial placement.						IQ Test Test										
Yes No						V P FS										
[]						Ach. Test Test										
M/A						R SS GE										
						RC SS GE										
						WL SS GE Lang. Dom.										
						M SS GE										
Comments: John will attend modified general ed classes with CMC support at least 30 minutes per week.																
Data By: S. Whitten																
ID# 9665114	Inst. Arr. Code 03	Prog. Type CM	Dism. Code		Date											
ARD Date 5/18/98	Home Sch # 004	Placement Sch # 004	Disability Code(s) LD		0 HI											

*D-Direct C-Consult M-Monitor

I. PLACEMENT DETERMINATION

The committee determined that services will be provided at:

Moody HS
NAME OF SCHOOL CAMPUS

Check appropriate instructional Arrangement (PEIMS CODE)

Speech Therapy (11)	S/C, Mild/Moderate Reg. Campus (04)
Homebound (01)	S/C, Severe Reg. Campus (05)
Hospital Class (02)	Off Home Campus (20)
<u>Resource Room (03)</u>	VAC (08)
State School For	Residential Care &
The Mentally	Treatment Facility (35)
Retarded (30)	Mainstream (40)

☒ yes ☐ no This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ yes ☐ no This is the campus which is as close as possible to the student's home. If NO, justify:

J. ASSURANCES

1. The ARD committee assures that the decision to provide special education services:

☒ is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

Basis for assurance:

☒ review of parent/student information
☐ review of sociological assessment

☒ for national origin minority group students or linguistically different students, is not based on criteria which were developed solely on command of the English language.

Basis for assurance:

☐ assessment conducted in both native language and English
☐ adaptations in testing procedures (e.g., formal and informal measures)
☐ use of interpreter
☒ review of parent/student information
☐ review of language assessment (including proficiency and dominance in both English and native language)
☐ This student is not a national origin minority group student or a linguistically different student.

2. ☒ The ARD Committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

3. ☒ The ARD committee assures that this student is unable to benefit from education with students without disabilities to any greater extent.

4. ☒ The committee assures that all instructional and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents, as part of the general education program, may be charged (i.e., art or laboratory fees).

NOTE: INSERT ARD/IEP SUPPLEMENTS AFTER THIS PAGE, WHEN APPLICABLE.

☐ Visually/Auditorially Handicapped
☐ Regional Day School for the Deaf
☐ Day/Residential Placement and
On Site Visit Report
☐ Graduation

☐ Extended Year Services
☐ Behavior Management Plan
☐ Health Care Plan
☐ Medically Fragile
☐ Vocational

☐ Autistic
☐ Minutes Page
☐ Notice of Refusal
☐ Transition Services
☐ Other

¹Enter instructional arrangement that meets requirements listed in the Student Attendance Accounting Handbook.

ARD MINUTES

Student's Name: John Ramirez D.O.B. 6/29/84 Date: 5/18/98 Recorder: S. Warner

ARD Committee Members: S. Warner, R Jones
John attended his ARD meeting.

ASSESSMENT: reviewed from 1/98
ELIGIBILITY: qualifies, learning disabled
COMPETENCIES: reviewed, recorded
ARD pg 3-4

MEDICAL ISSUES: parent did not attend, no concerns
from past records

IEP: reviewed 97-98; developed 98-99

SERVICES: no related services needed

NAPT TAAS / ITBS: not offered 98-99 at
John's grade level

MODIFICATIONS: developed and recorded ARD 3-4

PLACEMENTS: Moody HS, all general education
modified classes with CMC support at least
30 min/week

COMMENTS:

- no assistive devices needed
- Individual Trans Stmt developed
for John